

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ROMNEY FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

MR. RANDAL K. QUARLES

Mailing Address 4929 GLENBROOK ROAD NW

City	State	Zip Code
WASHINGTON	DC	20016-3222

FEC ID number of contributing federal political committee.

C

Name of Employer
THE CARLYLE GROUP

Occupation
INVESTOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Transaction ID : SA17.441282B

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2011

CONTRIBUTION

Amount of Each Receipt this Period

-2500.00

CHARGED BACK

B. Full Name (Last, First, Middle Initial)

MR. ROBERT T. QUATTROCCHI

Mailing Address 5960 WHITESTONE LANE

City	State	Zip Code
SUWANEE	GA	30024-3381

FEC ID number of contributing federal political committee.

C

Name of Employer
NORTHSIDE HOSPITAL

Occupation
MANAGEMENT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.458189

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2011

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

MS. JENNIFER QUEALLY

Mailing Address 11 YOUNG RD.

City	State	Zip Code
WESTON	MA	02493-2321

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Transaction ID : SA17.436671

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2011

CONTRIBUTION

Amount of Each Receipt this Period

200.00

Subtotal Of Receipts This Page (optional).....

-1300.00

Total This Period (last page this line number only).....